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MARGIN RESERVED FOR BINDING

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS	
1. PLACE OF DEATH		County <u>Maricopa</u> State <u>ARIZONA</u>		State File No. <u>305</u>	
Township <u>Phoenix</u> City <u>Phoenix</u>		No. <u>48</u> or Village <u>Midway</u>		Registered No. <u>2147</u>	
Length of residence in city or town where death occurred <u>1</u> yrs. <u>1</u> mos. <u>0</u> ds.		(If death occurred in a hospital or institution, give its NAME instead of street and number)		Ward <u>0</u>	
2. FULL NAME <u>Mary Ellen Everett Nielsen</u>		How long in U. S. if of foreign birth? <u>2</u> yrs. <u>0</u> mos. <u>0</u> ds.		How long in State when death occurred? <u>1</u> yr. <u>0</u> mos. <u>0</u> ds.	
(a) Residence: No. <u>Temple Addition Mesa Ariz</u> (Usual place of abode)		St. <u>2nd</u> Ward <u>0</u>		(If non-resident give city or town and State)	
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, or DIVORCED (Write the word) <u>Married</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Richard E. Nielsen</u>					
6. DATE OF BIRTH (month, day, and year)					
7. AGE	Years <u>71</u>	Months <u>6</u>	Days <u>5</u>	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.					
10. Date deceased last worked at this occupation (month and year)					
11. Total time (years) spent in this occupation <u>47</u>					
12. BIRTHPLACE (city or town) (state or country) <u>St. George Washington Co. Utah</u>					
13. NAME <u>Schylee Everett</u>					
14. BIRTHPLACE (city or town) (State or country) <u>came to Utah in 1847</u>					
15. MAIDEN NAME <u>Rachel Sanders</u>					
16. BIRTHPLACE (city or town) (State or country) <u>came to Utah in 1847</u>					
17. INFORMANT <u>F. E. Nielsen</u> (Address) <u>48 Midway, Phoenix, Ariz.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Mesa Ariz.</u> Date <u>Dec 31, 1934</u>					
19. UNDERTAKER <u>Meldrum Mortuary</u> (Address) <u>Mesa Ariz.</u>					
20. Filed <u>12-31, 1934</u> O. W. Therry Registrar					
MEDICAL CERTIFICATE OF DEATH					
21. DATE OF DEATH (month, day, and year) <u>12-29-1934</u>					
22. I HEREBY CERTIFY That I attended deceased from <u>Dec 29, 1934</u> to <u>Dec 30, 1934</u>					
I last saw her alive on <u>Dec 29, 1934</u> ; death is said to have occurred on the date stated above, at <u>5:30 p.m.</u>					
The principal cause of death and related causes of importance are as follows: <u>Chronic myocardosis</u>					
Other contributory cause of importance: <u>Serility</u>					
Name of operation <u>Not any</u> Date of <u>7/0</u>					
What test confirmed diagnosis? <u>Phys. Ex.</u> Was there an autopsy? <u>No</u>					
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? <u>None</u> Date of injury <u>None</u> , 19 <u>34</u>					
Where did injury occur? <u>None</u> (Specify city or town, county and State)					
Specify whether injury occurred in industry, in home, or in public place.					
Manner of injury <u>None</u>					
Nature of injury <u>None</u>					
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>					
If so, specify <u>None</u>					
(Signed) <u>Hugh R. Rasmussen</u> M. D. (Address) <u>Romather, Arizona</u>					